

The Deprofessionalization of Soviet Physicians: A Reconsideration

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J. V. Brown, (1987) "The Deprofessionalization of Soviet Physicians: a Reconsideration," International Journal of Health Services, 17:65-76. DOI: 10.2190/25FU-RCVN-JP4M-EH64

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Abstract:

Traditional explanations for the relatively low status of the Soviet medical profession credit the Bolshevik government in the 1920s with deprofessionalizing or "leveling" a once autonomous and powerful occupational group. This article presents new data which challenge that interpretation. The Russian medical profession was never autonomous and powerful. Many physicians cooperated with the Bolsheviks because of shared beliefs regarding the organization of medical care. By the late imperial period, many physicians advocated the inclusion of all medical workers in policy-making administrative organs. Focusing upon Russian psychiatrists, the author analyzes the events that prompted the profession to adopt this position. The finding of greater continuity between prerevolutionary Russian and Soviet physicians suggests that this presumably anomalous case has greater significance for theoretical models of professionalization and occupational prestige than previously supposed.

Article:

The exceptional character of the Soviet medical profession has long been acknowledged by Western social scientists. In contrast to many other societies, the position of the physician in the Soviet Union is a relatively unenviable one. As Everett Hughes once observed, studies of occupational prestige consistently indicate that "the physician appears to be the world champion of this popularity contest" (1). Most Soviet doctors, however, are neither well paid nor accorded great esteem. Studies of occupational prestige in the U.S.S.R. suggest that much of the Soviet population ranks physicians on a par with miners and transportation engineers, and below such occupations as pilot, radio technician, and diesel locomotive engineer (2-4).¹

The most widely accepted explanation for the unusual characteristics of the Soviet medical profession credits policies of the new Bolshevik government in the 1920s with leveling or deprofessionalizing a once autonomous and powerful occupational group. In the words of Mark Field, a leading American expert on Soviet medicine (6):

The social history of the Soviet medical profession ... is the history of the transformation of a self-conscious, independent, vocal, politically oriented and militant corporate entity to that of a docile and politically inert employee group.

This article presents recent sociohistorical research findings that challenge that interpretation.

According to the usual argument, the Bolsheviks promptly set about to neutralize the threat posed by physicians who opposed the new regime, while ensuring that those same experts would provide the services so desperately needed in a society weakened and ailing after years of war and revolution. Mortality rates during that era were astronomical and epidemics a common occurrence. The importance that the new regime placed on public health is evidenced by Lenin's often quoted dictum, "Either

socialism will destroy the louse or the louse will destroy socialism." Medical expertise was perceived as critical; medical experts as potentially obstructionist.

The new government attempted to reconcile this dilemma, we are told, by eliminating the independent organizational bases of physicians, i.e., their professional associations, and by creating a new one controlled by the government. In the Medical Workers' Union (*Vsemediksantrud*) formed in 1919, physicians stood on an equal footing with *all* other medical personnel. While doctors were not compelled to join the new organization, failure to do so deprived one of most employment opportunities. In consequence, the once proud and independent physicians gradually humbled themselves by joining its ranks, sacrificing in the process their dominant position within the medical division of labor. The figurative emasculation of the medical profession begun in the years immediately following the 1917 revolution was completed some years later with its feminization as an indirect consequence of industrialization and the Second World War.²

This interpretation of events, which has been the conventional wisdom among Western social scientists since the Second World War, rests upon several assumptions about the character of the prerevolutionary medical profession. It assumes that Russian physicians in October of 1917 were fundamentally similar to present-day Western physicians in terms of both socio-economic status and control over their workplace. On the basis of this assumption and rather flimsy empirical evidence, many scholars appear to have concluded that the majority of physicians must have opposed the Bolsheviks *and* any and all attempts to "level" the profession by forcing doctors into formal association with nonprofessional medical workers.³

THE PREREVOLUTIONARY RUSSIAN MEDICAL PROFESSION

Recent research has demonstrated that those assumptions about the prerevolutionary medical profession are ethnocentric and ahistorical. Russian physicians in 1917 and earlier were strikingly different from their Western counterparts. The social origins of many were plebeian (a far greater proportion than for any other "professional" group), and that fact was reflected in the relatively low social status accorded the profession (13). Throughout most of the prerevolutionary period, the nobility expressed nothing but disdain for medical work and for Russian medical practitioners. Those with the wherewithal to do so engaged foreign physicians or travelled to the West for medical treatment.

Furthermore, the majority of Russian physicians were of necessity public employees. Because of the absence of a sizable middle class and the extreme poverty of much of the populace, private practice was precarious at best. In the typical instance it was resorted to only in the absence of other opportunities and produced an income too small to support a family. One consequence was that Russian physicians developed an ethos of public service and a commitment to preventive medicine, features of which they were intensely proud yet which sharply distinguish them from Western medical practitioners. As Nancy Frieden has observed, the Russian setting "shaped physicians into a group different from medical professions in other lands. The most distinctive feature, a service ethos joined to public employment, had as its corollary the limited development of professional autonomy" (14).

Recent scholarship has also questioned the validity of the notion that the Russian medical profession was unalterably opposed to the Bolshevik government which came to power in October of 1917. Peter Krug's thorough examination of the activities of the largest and most influential medical association, the Pirogov Society of Russian Physicians, has led him to conclude that "the differences in 1917-1920 between the Pirogov physicians and Soviet rule have been exaggerated at the expense or the stronger forces bringing them together" (10, p. 292). Those forces included the commitment of both to public health and to the broader concept of "socialized medicine."

The conclusion that has been left unchallenged is that Russian doctors would necessarily have resisted sharing authority with nonprofessional medical workers. Even Krug maintains that, prior to the revolution, physicians had "limited participation in collegial decision-making to those deemed most

qualified," i.e., to their fellow doctors (10, p. 239). As a result, he concludes that they would have been unwilling in 1918 to accept the Communist Party's position that all workers in a given industry should participate in the policy-making process.

RUSSIAN PHYSICIANS AND 1905

Contemporary sociological thinking on the professions places great importance upon the relationship of the dominant profession to "those that claim the name but do not possess the status." As Elliot Freidson has pointed out, "the dominant profession stands in an entirely different structural relationship to the division of labor than does the subordinate profession" (15). That a professional group should agree willingly to compromise its dominant position seems incomprehensible.

Nonetheless, my research has determined that Russian physicians did have a well-established tradition of including nonprofessional workers in organs of collegial decision-making. Advocacy of sharing authority with the hospital proletariat was not limited to a radical fringe of physicians. On the contrary, by the end of the imperial period, that notion was accepted by many leaders of the profession.

The inclusion of medical workers in policy-making administrative organs dates back to the troubled 1905 era. Russia's first "revolution" took place in that year, a sequence of events that began when the tsarist police opened fire on a large group of peaceful demonstrators who had assembled outside the Winter Palace in St. Petersburg. The ensuing massacre, subsequently referred to as "Bloody Sunday," angered many who had previously remained loyal to the autocracy and set off protests throughout the empire, which lasted for many months.

Hospitals were far from immune to the strikes and demonstrations that shook Russia in 1905 and 1906. The demands of protesting hospital workers were both economic and political. In addition to insisting upon improved working conditions and higher pay, they demanded participatory government for the hospital. Their political demands for their workplace paralleled demands that were being made in the larger society, in particular for the formation of a "Four-tailed Constituent Assembly" to be elected on the basis of universal, direct, equal, and secret ballot.

Typical of the hospital disorders was an incident at the provincial psychiatric hospital in Khar'kov, an industrial center in the Ukraine. In mid-November of 1905, angry workers at that institution forcefully removed the hospital's director, carting him around the premises in a wheelbarrow. Having thus dispensed with the old administration, the workers convened a "constituent assembly." The newly formed assembly organized a representative government to run the hospital. The workers elected two six-member delegations (one of paraprofessional and the other of unskilled workers), and urged the physicians to elect six of their number to join the workers. The physicians agreed, but on a temporary basis only. In the long run, they insisted, the hospital should be governed by a council consisting of all physicians and representatives from both categories of support workers. In other words, they were willing to share authority but only to a limited extent. In subsequent months, the local self-government of Khar'kov, its provincial zemstvo, gave official sanction to the new hospital administration. Similar events also transpired in other areas of Russia (16).

Physicians were at first deeply divided over what was taking place. Some were disturbed by the intrusion of politics into the hospital and distressed by the concessions that had been made to the nonprofessional personnel of the institutions involved. They viewed the indignities suffered by hospital directors as representing serious threats to the professional authority of physicians and urged that their colleagues speak out in protest against those actions. They emphasized their concern that the "medical" policies of the hospital not be dictated by semi-literate workers whose real concerns, in their view, were low salaries and abysmal working conditions. While conceding that these economic grievances were legitimate, this

group of physicians insisted that those issues must be addressed without compromising the formal structure of authority within the hospital.

Other physicians were pleased by the steps that had been taken to democratize the administration of the empire's hospitals. Some, in fact, had been active participants in those dramatic events. This group insisted that the political concerns of the workers were legitimate and argued that the structure of those institutions was a reflection of some of the worst and most repressive features of the tsarist regime. It was their contention that the individuals who had suffered indignities in the incidents were unavoidable casualties in a revolutionary struggle. The attacks against them were a symbolic expression of protest against the existing order in the hospital, which needed basic reforms. As no hospital director had been physically injured, no special apologies were due (17, p. 22):

During a period of revolutionary struggle for political freedom, all else becomes of secondary concern. . . . That attack [upon a hospital director in St. Petersburg] was merely a symbolic expression of protest against the existing order in the hospital; which is in need of fundamental change. We should rather express our condolences to those individuals who were arrested in the incident and who risk prison sentences because of their participation in it.

During this period, physicians were less divided over political issues than professional ones, although the two were, of course, interrelated.⁴ For the most radical members of the profession, the elimination of political inequality implied the elimination of professional privilege as well. At the opposite extreme were those who insisted that the broader political struggle be kept entirely separate and apart from professional concerns. According to the latter view, analogies between the political structure of Russian society and that of the hospital were meaningless and counterproductive.

Most members of the profession were painfully aware that the turmoil within the hospital was inextricably bound up with the broader political struggle in which they were actively engaged. Having joined with the hospital proletariat in the demand that Russia be governed by a constituent assembly, physicians were placed in a particularly awkward position when the workers demanded a similar government for their mutual workplace. The principle of universal and equal suffrage was one that most physicians advocated for the empire as a whole; however, support for the workers' position within the smaller confines of the hospital carried with it the implication that each employee, be he or she physician, feldsher, nurse, or orderly, was equally capable of making responsible decisions about hospital affairs. To accept that principle would have been tantamount to the negation of their professional superiority, which was presumably based upon knowledge and capabilities possessed by the medical profession alone.

Members of the profession continued to grapple with the problem of how to reconcile the apparent contradiction in their advocacy of democratic rule for the society and oligarchic rule for the hospital. During the middle years of the decade, most adhered to a position that insisted upon their professional superiority. However, by decade's end, their views had changed. In the following pages we shall analyze the reasons for that change of heart by focusing upon one sub-group of Russian physicians, psychiatrists. The historical record for this group is particularly complete, and, although in some respects their situation in tsarist Russia differed from that of other physicians, on this issue their opinions and experiences are far from unique.⁵

PROFESSIONAL PRIVILEGE AND POLITICAL EQUALITY

A number of psychiatric hospitals in addition to the one in Khar'kov had been profoundly affected by the strikes of 1905 and 1906. In the spring of 1906, members of the profession were provided with a particularly apt public forum in which to compare their views on the issues at stake and attempt to reach a consensus. Amidst the turmoil and disruption in Khar'kov, its provincial zemstvo invited a group of prominent psychiatrists from throughout the empire to attend a conference on the subject of hospital administration.

The conference organizers, local self-government officials, asked the experts whether hospitals should continue to have an administrative hierarchy that included a "director" and if so, what the rights and responsibilities of the individual who occupied the post should be. The visiting physicians were also asked whether participation by nonprofessional personnel in hospital administration was necessary or desirable.

The proceedings of that conference thus contain a concise and clear summary of the views of many of the principal spokesmen for the profession. Although there were dissenting voices, the specialists as a group concluded that hospitals should continue to have a director to be appointed by the zemstvo in consultation with experts. That senior medical officer would direct the hospital in conjunction with a board of physicians (*kollegiia vrachei*). The experts concluded further that the nonprofessional workers in the hospital should be given only a limited role in the administration of the institution (19, pp. 72-78):

To turn over the management of the hospital to a corporation of workers or a group of asylum employees of differing categories is in theory an incorrect approach and in practice impossible to achieve, ... However, in the interest of fairness and expediency and because it has proven necessary to protect them from capriciousness, the workers should be guaranteed representation when their interests are directly involved.

Given the more radical positions being espoused at the time, the conclusions reached by the experts in Khar'kov were quite moderate, and they left the professional integrity of physicians securely intact. Still, the events of preceding months had clearly made an impression on the collective psyche of the profession. In the late 19th century, psychiatrists had advocated autocratic rule for the hospital, i.e., the concentration of authority in the hands of one physician-director to whom all others in the institution would be subordinate (20). Now, they not only advocated that formal authority be shared by all members of the medical staff of an institution, but they had discussed the possibility that nonprofessional workers might share in it as well. Several of those invited to the conference had enthusiastically endorsed that approach.

The participants at the Khar'kov conference clearly felt the need to justify in their own minds and for the benefit of their more radical peers their support for an institutional authority structure and a professional role which in most other contexts was—indeed continues to be—taken for granted. In the effort to do so, they presented elaborate arguments in defense of the thesis that a hospital is not a "society." In particular, they argued that all individuals and social groups within the hospital were oriented toward one common goal—the curing of patients. As success in that enterprise depended upon the application of specific scientific knowledge, the logic of the endeavor dictated that authority rest in the hands of those with the requisite technical skills. Those experts were, of course, the psychiatric physicians. As if oblivious to events of preceding months, the psychiatrists also contended that those considerations of class that were so important in the larger society were subordinated within the hospital context to the welfare of the patients.

They also resorted to the old and familiar argument that the workers in Russia's hospitals were exceptionally poorly qualified. Because of their ignorance and cultural backwardness, so the argument went, they could hardly be expected to make informed decisions on either patient care or hospital administration. The psychiatric physicians expressed little reluctance to share the governance of Russian society with those whom some of them condescendingly characterized as "pretentious semi-literates" (19, p. 65). However, they were adamant that the reins of the hospital be kept beyond the reach of those same individuals (19, p. 63):

There has been an effort to bring about the democratization of the hospital. It was hoped that a republic could be created in the hospital which could serve as a model for the larger society. I am not an opponent of democratization, but I do oppose a medical democracy. I am against rule by

ignoramuses, especially in our society. Despite the extent of democratization and the respect for legal principles which one finds in England and America, one does not find in those societies (or anywhere else) that the hospital workers have the rights which our workers are now demanding.

The majority of psychiatrists clearly hoped in 1905 and 1906 to reconcile their political convictions with their professional self-interest. Still, there was a significant minority that advocated a more radical view. Typical of these individuals were members of the St. Petersburg Society of Hospital Physicians who resolved in 1906 that *all* hospital employees should participate in the administration of the institution. They based their decision on two considerations: that even unskilled workers could make a positive contribution to hospital management and that the Russian masses needed experience in decision-making, having been denied it at all levels of society in the past (21, p. 445). At the opposite end of the professional and political spectrum were those who continued to defend the old autocratic hospital order. While their numbers were apparently smaller, they were still very much in evidence.

DEMOCRATIZATION OF THE HOSPITAL: RESPONSE TO POLITICAL REPRESSION

Over the course of the next half-decade, the weight of professional opinion shifted significantly in the direction of further democratization of the hospital. This was far less a result of positive reports emanating from democratized institutions (although there were some of those) than a response to external pressure exerted by increasingly uncooperative and politically reactionary zemstvos and by the tsarist government.

As early as 1905, progressive psychiatrists throughout the empire had begun, with the tacit approval of the organs of self-government, to admit nonprofessional workers into the governance of their institutions, albeit on a limited scale. In 1906, for example, in Voronezh, the support personnel were invited into the psychiatric hospital's council (*sovet*) "on the basis of active and equal participation in decisions regarding all hospital matters." Similar steps were taken in Saratov, Moscow, and other locales (22, 23).

Buoyed by the apparent cooperativeness of the local self-governments in those years, many psychiatrists envisioned a new era of mutual effort that would witness great progress in the development of organized care for the insane and would be associated with greater decision-making power for psychiatric physicians. Their optimism was, however, soon "drowned in a wave of political reaction" (24, p. 166). The relatively unsuccessful revolution of 1905 was followed by an intensely reactionary period. Emperor Nicholas II had capitulated in October of that tumultuous year and granted the nation a consultative assembly or Duma. However, the first two Dumas were disbanded by imperial fiat and the election laws changed to ensure that forces loyal to the autocracy could retain control in the future. The vigorous reassertion of autocratic power in St. Petersburg was mirrored in developments at the local level, in particular, in unprecedented dominance of local self-government (*zemstvo*) assemblies by conservative gentry (25, 26).

Among the first signs of reaction were systematic efforts by the central government's provincial representatives, and increasingly by the local self-governments, to eliminate nonprofessional workers from the administrative organs of hospitals. In Saratov, the zemstvo executive board justified its action to that effect on the grounds that it had earlier been pressured into unwise decisions by the disorders of 1905 (27). In most other instances no effort whatsoever was made to explain the decision.

The psychiatrists at the institutions involved tended to be among the most politically active members of the profession, and not surprisingly, they resisted what they regarded as retrogressive measures. Their protestations often resulted in forced resignations and occasionally in exile or imprisonment. In 1906, for example, the governor of Moscow province ordered that the prominent psychiatrist and director of the provincial zemstvo's psychiatric hospital, V. I. Iakovenko, be fired along with other members of the medical staff. Iakovenko resigned before the order could be carried out, but another psychiatrist employed at the institution was imprisoned, succumbing shortly thereafter to typhus (27). That same year another influential psychiatrist, A. A. Govseev, was imprisoned and threatened with exile (17, p. 12). In 1907 the

director of the provincial psychiatric hospital in Voronezh, N.A. Vyubov, was fired and exiled from the province. A psychiatrist at the Nizhnii-Novgorod Hospital for the Insane (Liakhovo) suffered a similar fate (28, 29).

Even those physicians who had opposed the professional and political activities of their colleagues were angered by the treatment accorded their professional associates. The journals of the medical profession provided a detailed chronicle of repressive actions taken against physicians during these years (30, 31). As the list grew longer, the inclination on the part of the spokesmen for the profession to defend the actions of their colleagues became more pronounced. Their defense increasingly involved the vindication of "collective administration," in the format that gave a significant role to nonprofessional workers.

At the Tenth Pirogov Society Meeting in 1907, the Section on Nervous and Mental Diseases passed a resolution called for the inclusion of nonprofessional personnel in organs established to administer hospitals collectively (32). The issue headed the agenda of the Third Conference of Russian Psychiatrists in late 1909, at which a resolution was approved (17, pp. 108-109, emphasis added):

recognizing the absolute necessity of basing the hospital order upon the principles of autonomy and collective administration . . . [including] as soon as possible the inclusion of representatives of the hospital support personnel in the activities of those collective institutions *which direct the affairs of the hospital*.

As the first decade of the century drew to a close, the distance between the perceptions of the medical profession and officials at all levels had grown wider still. The local self-governments not only refused to allow nonprofessionals to have a voice in hospital affairs, but many of them insisted that any "collective administration" by medical personnel be eliminated. The Saratov, Tver, and Kursk provincial zemstvos formally reinstituted hierarchical administrative systems within their provincial hospitals and declared that absolute authority rested with the director. Even other physicians were to have no say in hospital governance. The Moscow provincial zemstvo in 1908 went so far as to refuse to accept annual reports from the director of the zemstvo psychiatric hospital because they had been co-signed by other physicians and representatives of the support staff. In 1909 the Kursk provincial zemstvo approved a new charter for its provincial psychiatric hospital which not only affirmed the absolute authority of the director but called for a zemstvo representative to live on the hospital grounds to supervise the goings-on there (22, 33, 34).

Each of these actions infuriated the profession. Collectively, the effect appears to have been to persuade an increasing number of physicians to endorse the more radical positions of those who had been the earliest to implement "collective administration" and the first to suffer in the aftermath of 1905. Although a few psychiatrists—most of them directors of zemstvo asylums—dared to defend the concept of administrative hierarchy at the Third Conference of Russian Psychiatrists in 1909, by 1911 the few remaining critics of "collective administration" within the hospital were silent. There was widespread support among psychiatric physicians for the inclusion of nonprofessional personnel in the administration of the hospital. The arguments offered in 1911 in support of democratization suggested both that many physicians had come to perceive that all hospital employees had common interests that overrode differences of background and training and that the hospital proletariat made a unique contribution to patient care. P. P. Kashchenko, Director of the St. Petersburg Provincial Zemstvo Psychiatric Hospital, summarized these feelings when he insisted that the nurses, feldshers, orderlies, and maids were physicians' "coworkers and collaborators" rather than their "servants or assistants" (35).

CONCLUSION

The decision by many Russian physicians, including a number of the profession's leaders, to encourage the participation of nonprofessional workers in the administration of their hospitals was in large part a symbolic gesture of protest against the reactionary policies of the tsarist government and the zemstvos. Each of the profession's many employers had made it clear that hospital policy would be dictated from above and that the democratization of medical institutions would not be tolerated (36, p. 724):

Our employers boldly attempt to restrict the introduction of collective administration. . . . Not only the central government but the organs of local self-government as well regard it as an encroachment upon their executive prerogatives. We cannot name so much as one institution in which the principle as it was spelled out in discussions at our conferences has been formally approved and put into practice.

Still, there can be little doubt that psychiatrists and other physicians were genuinely committed to the inclusion of their fellow workers in the decision-making process. As one individual commented in 1910 (21, p. 443):

It is a reflection of the spirit of the times that democratic tendencies have penetrated deeper and deeper into the milieu of the hospital. With increasing frequency we hear it said that the administration of the hospital should be shared not only by all physicians but by support personnel as well.

Those democratic tendencies continued to influence physicians throughout the prerevolutionary era. That they should suddenly have been overcome by a desire to reassert their professional dominance in 1918 remains undemonstrated. Rather, it seems reasonable to hypothesize that those common concerns that spurred many physicians to join with the Bolsheviks in the years after the revolution also encouraged them to persist in the preexisting conviction that *all* medical personnel should have input into policy decisions in matters of public health.

In conclusion, the research reported here suggests that the impact of the revolution of October 1917 upon the Russian medical profession may have been different than previously supposed. For many physicians the establishment of the new regime brought new opportunities and a sense of common purpose with the state. This finding is important: the presumption that early interference on the part of the Bolshevik government accounts for the current status of the Soviet medical profession has enabled those who seek cross-cultural similarities in occupational prestige rankings to minimize the importance of the pattern that exists in that society. Finally, the discovery of greater continuity in the attitudes and behavior of prerevolutionary Russian and postrevolutionary Soviet physicians should serve as an admonition to researchers interested in the comparative study of occupations in general and the professionalization of physicians in particular. Western social scientists have often analyzed professionalization as an abstract process with an internal logic relatively impervious to societal influences. The foregoing analysis suggests the need to take seriously the often disregarded reminder of Vollmer and Mills that the character of a profession is "inextricably linked to the kind of society in which [professionalization] takes place—to its political form, its cultural norms, and its social structure, as well as its stage of technological development" (37). The failure to examine the concrete historical circumstances within which aspiring professions develop may lead to the development of models with poor predictive power because they will have overlooked critical social structural and cultural differences between societies.

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Acknowledgement:

This research was supported by the International Research and Exchanges Board, the Fulbright-Hays Program, and the Kennan Institute for Advanced Russian Studies. An earlier version of this paper was presented at the Annual Meeting of the Southern Sociological Society, Atlanta, Georgia, 1983.

Notes:

1. Soviet studies of occupational prestige indicate that males and females tend to rank this occupation differently. In particular, Soviet females rank the occupation significantly higher than do their male counterparts. This is especially evident when, as is often the case, adolescents are sampled and rankings are based upon perceived attractiveness of the occupation as a career choice for the subject (5). Indeed, evidence suggests that, at least for urban youth, the differences in ranking by gender have increased rather than decreased (4, p. 58).
2. The medical profession in the U.S.S.R. remains predominantly female today, although in recent years the government has attempted to attract more men to the field (7-9).
3. Western social scientists have based their interpretations in large part upon the writings of M. I. Barsukov who was, until his death in 1974, an important figure in the Soviet health administration and a prominent historian of Soviet health care. Barsukov's works portray the medical profession in the early Soviet period as reactionary and oppositionist, a position that is very effectively debunked by Peter Krug, who also discusses at some length Barsukov's political motivations in casting aspersions upon physicians (10). It should also be noted that early Western observers of Soviet medicine made reference to initial physician opposition to the Bolsheviks which soon gave way to cooperation. In this respect their assessments are similar to that of Krug (11, 12).
4. Current research on the medical profession during this era supports the contention that its members tended to be more liberal than conservative (14, 16). While there certainly were supporters of autocracy within the profession's ranks, they appear to have been a minority (18).
5. In most Western countries, psychiatrists, as a professional group during the late 19th and early 20th centuries, are distinctly different from other physicians. This is mainly because most psychiatrists were public employees while other physicians engaged in private practice. As indicated above, the situation was quite different in Russia: public employment was the most frequent pattern for all physicians. Consequently, in Russia, psychiatrists had much more in common with other physicians than was true elsewhere (16).